**Medication Administration Record – SELF-CARE: Bacterial conjunctivitis**

|  |  |  |
| --- | --- | --- |
| Name:  | D.O.B:  | Allergies: |
| Address:  |
|
| Doctor:  | Start Date:  | End Date: | Start Day:  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Week 1 | Week 2 | Week 3 | Week 4 |
| Medication Profile | Date:Time/Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Chloramphenicol eye drops/ointmentDirections on packaging:…………………………………….…………………………………….Eye: RIGHT/LEFT/ BOTH**\*** | 08:00 |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 12:00 |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 16:00 |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 20:00 |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Qty recd:  | by:  | date:  | Returned:destroyed:   | Qty: | By: |

**\*Delete as appropriate**

**Key: R=Refused, N=Nausea or Vomiting, H=Hospital, L= On leave, D=Destroyed, S=Sleep, M=Made available, O=Other**

**I have read and understood the information in the product Patient Information Leaflet (tick)**